

Summary of Vision Benefits

Kaiser Permanente

Traditional Plan All Groups

Vision Services	You pay
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CHILD VISION CARE
Covered until the end of the month in which member turns 19 years of age.

Routine eye exam	\$0
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Vision hardware and optical services	No charge for eyeglass lenses, frames or contact lenses every 12 months.
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ADULT VISION CARE
For members 19 years and older.

Routine eye exam	\$20
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Vision hardware and optical services	Initial allowance of up to \$300 for prescription eyeglasses or conventional or disposable prescription contact lenses, including Medically Necessary contact lenses, not more than once in a 2-year period.
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High Deductible Health Plan HDHP All Groups

Vision Services	You pay
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CHILD VISION CARE
Covered until the end of the month in which member turns 19 years of age.

Routine eye exam	\$0
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Vision hardware and optical services	No charge for eyeglass lenses, frames or contact lenses every 12 months.
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ADULT VISION CARE
For members 19 years and older.

Routine eye exam	20% Coinsurance after deductible
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Vision hardware and optical services	Initial allowance of up to \$300 for prescription eyeglasses or conventional or disposable prescription contact lenses, including Medically Necessary contact lenses, not more than once in a 2-year period.
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FOR PLAN YEAR 1/1/22 TO 12/31/22